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ABSTRACT

In schools, the learning and optimal development of children with adaptive or behavioral problems may be seriously affected. In many schools, such problems are so prevalent that demand time and energy of the educators may dilute the educational experience of all children. This study examines the impact of the Primary Mental Health Project-- a research-based, selective program. This early detection and prevention program for preschool and primary grades was implemented by the Jefferson County Public Schools. The Teacher-Child Rating Scale was used as a pre- and posttest measure for the participating students in the treatment schools. This study indicated that the school district participants had statistically significant positive scores in four critical domains: task orientation; behavior control; assertiveness; and peer sociability. Implications for policy and future research are discussed. Appendixes include rating scales and data. (Contains 19 references and 7 tables.) (GCP)

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RUNNING HEAD: PRIMARY MENTAL HEALTH

School-Based Prevention for At-Risk Children: The Impact of the Primary Mental Health Project in Elementary Schools and Students

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Abstract

In schools, children with adaptive or behavioral problems seriously affect their learning and optimal development. In many schools, such problems are so prevalent that demand time and energy of the educators that dilute the educational experience of children. The AML behavior rating scale was used as the screening measure in the school district under study. The teacher-child rating scale was used as a pre- and posttest measure for the participating students in the treatment schools. This study indicated that the school district participants had statistically significant positive scores in four critical domains: (a) task orientation, (b) behavior control, (c) assertiveness, and (d) peer sociability. Implications for policy and future research are discussed.

KEY WORDS: AT-RISK STUDENT, MENTAL HEALTH, DISCIPLINE, EXCEPTIONAL EDUCATION, VIOLENCE PREVENTION, CONFLICT RESOLUTION SKILLS.

School-based prevention for at-risk children: the impact of the primary mental health project in elementary schools and students

School failure whether defined educationally or behaviorally is a destructive problem in American schools. Effective early intervention programs can hold promise for decreasing the flow of dysfunction and thus reducing the heavy costs associated with maladaptation (Kiesler, 1992; Kiesler, Simpkins, and Morton, 1989). Researchers have found that there is a strong relationship between life stress and children's school adjustment (Cowen & Hightower, 1986). Brown and Cowen (1988; 1989) found that children who reported having experienced stressful event had more serious teacher and self-rated school adjustment problems than demographically matched non-stressed peers.

Felner, Stolberg, and Cowen (1975) showed that children who experienced parental divorce or death of a close family member have serious school adjustment problems. Different types of adaptive problems are associated with specific crisis situations. The researchers found that children with histories of parental death were significantly more anxious, depressed, and withdrawn than matched non-crisis controls. Also, children who experienced parental separation or divorce evidenced significantly more acting-out problems than comparison children. Similar findings were found in a replication study (Felner, Ginter, Boike, & Cowen, 1981).

Previous research on early prevention programs has made the following conclusions: (a) systematic early detection and screening showed that one third of all primary graders were experiencing at least moderate school adjustment problems; (b) left without preventive intervention, the problems of these early detected children got worse by third grade and many of them were at risk for long-term school failure; and, (c) by the end of third grade, program children exceeded matched comparison children on several important indicators of educational

and behavioral functioning (Cowen, 1971). Prosocial behaviors are key elements for the development of children. Prosocial behaviors include helping, sharing, cooperating, and caring for or taking responsibility for another (Radke-Yarrow, Zahn-Waxler, & Chapman, 1983).

These research studies showed that stressful life events place children at risk for adjustment problems in school settings. Precautionary programs then, have been developed, to address the need for crisis related preventive interventions designed to help children cope effectively with the adjustment demands before associated problems become chronic and entrenched.

Research Context

Jefferson County Public Schools (JCPS) is the 26th largest school district in the United States. The school district serves more than 96,000 students from preschool to grade 12. JCPS has a vision for long-term student achievement. The vision was designed to assure that every student will acquire the fundamental academic and life skills necessary for success in the classroom and workplace. JCPS vision commits the school system to educate each student to the highest academic standards.

In October 1999, Project SHIELD (Supporting Healthy Individuals and Environments for Life Development) received nearly $3,000,000 from a consortium of federal agencies (Department of Education, Office of Juvenile Justice and Delinquency Prevention, and Center for Mental Health Services) as part of a Safe Schools/Healthy Students Federal Initiative. The award will provide three years of funding (nearly $9,000,000) to Jefferson County Public Schools (JCPS). Project SHIELD aims to provide students and schools with enhanced infrastructure and comprehensive prevention and early intervention, through education, mental health, and social services that promote healthy childhood development and prevent violence,

alcohol and other drug abuse. These services target the development of social skills and emotional resilience necessary for youth to avoid violent behavior and drug use, along with establishing safe, disciplined, and drug free areas within school environments.

Program Description

The Primary Mental Health Project (PMHP) is a research-based, selective program. This early detection and prevention program for preschool and primary grades is being implemented by JCPS. It is a nationally recognized model out of Rochester, New York that has been replicated in over 200 cities since 1957. It is a program designed to build wellness (mental health) rather than treating pathology.

The key structural components of the program are: (a) focus on young children, (b) early screening and selection, (c) use of paraprofessionals to provide direct services to children, and (d) ongoing program evaluation. The population targeted for the program are K-3 students who are experiencing school adjustment difficulties. The goal of the program is to enhance learning and other school-related competencies such as attendance and behavior.

All K-3 students are screened by having the teachers complete a 12-item survey on each of the students. Students who score between the 15th and 30th percentile are considered for the program. Once permission is obtained from the parent, the students are enrolled in the program. Each student is seen individually by the child associate (paraprofessional) using non-directive play strategies for 30 to 45 minutes each week. The program lasts for 14 sessions. The child associate works with the student to deal with school adjustment issues and build the student's competencies. A school psychologist provides weekly supervision to the child associate. Student progress and the effectiveness of the program are measured using a pretest/posttest model where the teachers complete a 32-item survey before and after the program.

The Management-Oriented Evaluation Approach

The management-oriented evaluation approach (Worthen, Sanders, & Fitzpatrick, 1997) was used in the evaluation of the PMHP. According to Stufflebeam (1983), the evaluation is a process of delineating, obtaining, and providing useful information for judging decision alternatives. The Context, Input, Process, and Product (CIPP) Evaluation has different objectives, methods, and relation to decision making in the change process depending on the type of evaluation emphasis.

> The management-oriented rationale is that the evaluative information is an essential part of good decision-making and that the evaluator can be most effective by serving administrators, policy makers, boards, practitioners, and others who need good evaluative information (Worthen et al., 1997, p. 97).

Campbell (1969) seminal article on reform as experiments is germane to this evaluation. Today, 30 years later, many ameliorative programs terminate with no interpretable evaluation. The good intentions of educational administrators are not enough. Establishing social indicators, data banks, and management information systems (MIS) is not enough. As Campbell (1969) argues, administrators are sometimes so committed in advance to the efficacy of the reform, that cannot afford a honest evaluation. Capitalizing on regression, grateful testimonials, and confounding selection and treatment are the major strategies to bias the analysis.

Method

Participants

Twelve elementary schools in JCPS are currently participating in the PMHP. Table 1 shows the name of the schools participating in the program.

Table 1

Elementary Schools Participating in the PMHP (N = 12)

Name
A
B
C
D
E
F
G
H
I
J
K
L

In the District, 2,655 students were tested using the AML instrument. Table 2 presents some academic and demographic characteristics of the students that took the AML Behavior Rating Scale. After identification for program participation with the AML screening instrument, the Teacher-Child Rating Scales (T-CRS) were used to assess pre-to-post test progress. At the student level, a total of 610 students participated in the program and were assessed using the T-CRS. From this total, approximately 308 took the pre-test. Approximately 299 students took the pre- and the posttest. Table 3 displays some academic and demographic characteristics of the students that took the T-CRS.

Table 2

Profile of AML Behavior Rating Scale Participating Students (N = 2,655)

Variables	Frequency	Percentages
Grade		
Kindergarten	562	21%
Grade 1	633	24%
Grade 2	666	25%
Grade 3	778	29%
Non-Primary Grades	16	<1%
Gender		
Female	1253	47%
Male	1402	53%

Table 3

Profile of Teacher-Child Rating Scale Participating Students (N = 610)

Variables	Frequency	Percentages
Grade		
Kindergarten	170	28%
Grade 1	143	24%
Grade 2	153	25%
Grade 3	136	22%
Non-Primary Grades	8	<1%
Gender		
Female	288	47%
Male	322	53%
Race		
White	221	38%
African American	317	55%
Other	37	6%

Instrumentation

In general, quantitative measures will be based on already established data collection mechanism of the county under examination. Data will come from the program director and from the Management Information System (MIS) of the county.

The AML Behavior Rating Scale (Primary Mental Health Project, 1995) was used as the screening measure for the students in the primary program of the school district under study. The instrument has a long tradition and established validity and reliability. Raw and percentile scores are recorded in the instrument. The AML has 12 items consisting of three 4-item factors. All items are rated on a 5-point frequency of occurrence scale (1 = never, 5 = most or all of the time). Item ratings are summed to yield subscale and total scores. For each raw or percentile score, there is an individual score for Acting Out (A), Moody (M), and Learning Difficulties (L). The AML takes less than a minute per child to complete and about half hour for an entire class.

The teacher is an important source of information because he/she is most familiar with the child's current school behavior and performance. For referred students, the Teacher-Child Rating Scale (T-CRS) was completed by the teachers. T-CRS was used as a pre- and posttest measure for the participating students in the treatment schools only. The central measures were related to (a) task orientation (a self-starter); (b) behavior control (copes well with failure); (c) assertive social skills (defends own views under group pressure); and, (d) peer social (well-liked by classmates). The T-CRS has 20 items in the competence dimension rated on a 5-point Likert-type scale (1 = not at all, 5 = very well). The T-CRS has been shown to be psychometrically sound in terms of reliability and concurrent and discriminant validity (Hightower et al., 1986). These measures will become outcome criteria for establishing success of the program at the school level.

Design and Procedure

For the quantitative dimension of this evaluation study, a descriptive and comparison design was used (Gall, Borg, & Gall, 1996; Winer,Brown, & Michels, 1991). All data was entered and analyzed using the Statistical Package for the Social Sciences (SPSS), version 10.0.

Findings

Statistically significant differences were found in the pre- and posttest analysis at the district and at the school level. A graphical representation captures the impact of the program at the district level in the four critical domains assessed in the Teacher-Child Rating Scale.

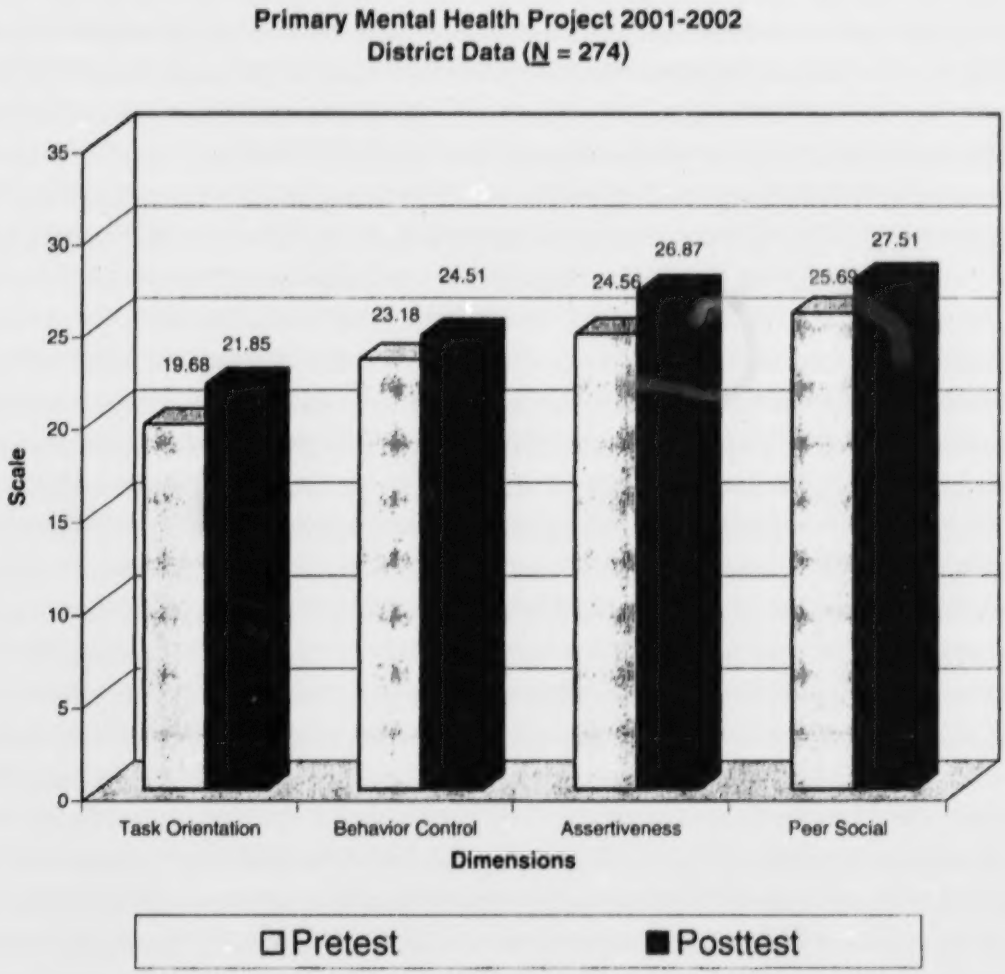

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Table 4 displays the results of this analysis in the specific domain of task orientation. This domain assesses the child's skills needed to succeed in the school environment. It shows the pre-test and posttest measures and their statistically significant t-value at each of the participating schools.

Table 4

Elementary Schools Participating in the PMHP (N = 12)

Name	Pretest Score	Posttest Score	t-Ratio
A	18.43	20.54	1.84*
B	17.40	22.23	N < 30
C	17.24	19.97	N < 30
D	19.39	22.63	N < 30
E	20.76	22.76	N < 30
F	21.52	26.30	N < 30
G	21.12	19.55	N < 30
H	19.48	22.08	N < 30
I	21.00	21.79	N < 30
J	17.46	19.16	N < 30
K	24.88	24.00	N < 30
L	18.75	22.12	N < 30
District	19.68	21.85	5.04*

$p < .05$

Statistically significant differences were found in the pre- and posttest analysis at the district and at the school level in the specific domain of behavior control. This domain assesses the child's skills in tolerating and adapting to limits imposed by the school environment or the child's own limitation. Table 5 displays the results of this analysis.

Table 5

Elementary Schools Participating in the PMHP (N = 12)

Name	Pretest Score	Posttest Score	t-Ratio
A	21.75	21.97	.44
B	19.8	24.08	N < 30
C	22.12	23.31	N < 30
D	24.09	24.93	N < 30
E	24.73	27.48	N < 30
F	23.26	27.15	N < 30
G	23.08	21.73	N < 30
H	22.44	25.17	N < 30
I	26.09	26.38	N < 30
J	21.35	22.56	N < 30
K	28.75	27.53	N < 30
L	21.42	23.08	N < 30
District	23.18	24.51	3.72*

$p < .05$

Statistically significant differences were found in the pre- and posttest analysis at the district and at the school level. Table 6 displays the results of this analysis in the specific domain of assertiveness. Assertiveness measures a child's interpersonal functioning and confidence in dealing with peers.

Table 6

Elementary Schools Participating in the PMHP (N = 12)

Name	Pretest Score	Posttest Score	t-Ratio
A	24.31	27.97	3.55*
B	25.00	29.62	N < 30
C	23.29	26.34	N < 30
D	23.79	26.37	N < 30
E	24.30	25.34	N < 30
F	23.93	27.19	N < 30
G	25.20	26.91	N < 30
H	26.28	27.46	N < 30
I	22.13	25.50	N < 30
J	24.27	26.58	N < 30
K	28.62	27.20	N < 30
L	25.71	28.46	N < 30
District	24.56	26.87	7.41*

$p < .05$

Statistically significant differences were found in the pre- and posttest analysis at the district and at the school level. Table 7 displays the results of this analysis in the specific domain of peer social. Peer social skills measures a child's popularity or likeability among peers.

Table 7

Elementary Schools Participating in the PMHP (N = 12)

Name	Pretest Score	Posttest Score	t-Ratio
A	24.92	25.54	1.16
B	24.87	29.85	N < 30
C	23.04	25.28	N < 30
D	24.97	27.40	N < 30
E	26.27	28.03	N < 30
F	27.67	29.65	N < 30
G	25.96	27.05	N < 30
H	25.08	27.17	N < 30
I	25.70	28.04	N < 30
J	23.92	25.12	N < 30
K	32.93	32.33	N < 30
L	25.71	28.46	N < 30
District	25.69	27.51	6.23*

$p < .05$

Discussion

The Primary Mental Health Project (PMHP) is a research-based, selective program. This early detection and prevention program for preschool and primary grades is being implemented by JCPS. The Teacher-Child Rating Scale was used as a pre- and posttest measure for the participating students in the treatment schools only. The central measures were related to (a) task orientation, (b) behavior control, (c) assertiveness, and (d) peer social. These measures became outcome criteria for establishing success of the program at the district and at the school level. As a District, the gains on the four factors on the pretest/posttest measure were statistically significant at the .001 alpha level. Gains were also noted at most of the individual schools.

A classroom is a contained ecological system. Children with emotional problems impact other children and the teacher, thus affecting the class as a whole. Also, the consequences of these early problems are not limited in time and space. To the contrary, many children evidencing early school adjustment problems are at-risk for long-term difficulties in both personal and educational development. As result, school failure and associated downward spiral that generates, predisposes a waste of abilities and resources for children and society. This can be reduced by effective early preventive interventions. The findings of previous research indicated that if the downward spiral of some children was not reversed by the third grade, it was not likely to be reversed ever (Cowen et al., 2000).

Recommendations for Future Research

Increased awareness of the strong influence of out-side school factors that affect children's emotional wellness is a fact experienced by the PMHP staff. A caring school community is important, but do not compensate for poverty, difficult neighborhoods, incompetent or neglectful parents, and early continuing trauma. Accordingly, the PMHP needs to collaborate in community projects aimed at broad-based wellness programs.

To measure the effects of the program on non-cognitive and cognitive measures, it is recommended to use a treatment versus comparison group pre-posttest design at the student level in factors such as: (a) absences/attendance rate, (b) tardies, (c) scores on the Stanford Diagnostic Reading Test, (d) scores on the Stanford Diagnostic Mathematics Test, (e) referrals for ECE assessments and (f) subsequent ECE placements.

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AML BEHAVIOR RATING SCALE – REVISED (AML-R)

Please rate the child's behavior, as you have observed and experienced it since the beginning of school according to the following scale, by filling in the appropriate number:

(1) Never

(2) Seldom

(3) Moderately often

(4) Often

(5) Most or all of the time

This Child:

1. gets into fights or quarrels with classmates
2. has to be coaxed to play or work with peers
3. is confused with school work
4. is restless
5. is unhappy
6. gets off-task
7. disrupts class discipline
8. feels hurt when criticized
9. needs help with school work
10. is impulsive
11. is moody
12. has difficulty learning

Rotated Component Matrix[a]

	Component	
	1	2
AML1	.846	.100
AML11	.838	.126
AML7	.828	.228
AML10	.827	.248
AML4	.770	.349
AML5	.762	.190
AML8	.700	.176
AML2	.606	.293
AML9	.197	.950
AML12	.207	.940
AML3	.205	.940
AML6	.593	.627

Extraction Method: Principal Component Analysis.
Rotation Method: Varimax with Kaiser Normalizatior

a. Rotation converged in 3 iterations.

AML-R RELIABILITY ANALYSIS RESULTS

R E L I A B I L I T Y A N A L Y S I S - S C A L E (A L P H A)

Item-total Statistics

	Scale Mean if Item Deleted	Scale Variance if Item Deleted	Corrected Item-Total Correlation	Alpha if Item Deleted
AML1	26.1698	112.1721	.6837	.9236
AML2	26.4510	116.1358	.6007	.9267
AML3	25.6068	109.7637	.6656	.9244
AML4	25.8477	106.8373	.7811	.9195
AML5	26.3104	114.7489	.6704	.9245
AML6	25.4336	105.8384	.8101	.9183
AML7	25.9860	108.1661	.7520	.9208
AML8	25.9149	113.6286	.6064	.9264
AML9	25.4619	109.1767	.6639	.9246
AML10	25.9911	106.8686	.7648	.9202
AML11	26.2195	111.5527	.6937	.9232
AML12	25.6671	108.6474	.6643	.9247

Reliability Coefficients

N of Items = 12

Alpha = .9291

RELIABILITY ANALYSIS - SCALE (ALPHA)

ACTING OUT

	Scale Mean if Item Deleted	Scale Variance if Item Deleted	Corrected Item-Total Correlation	Alpha if Item Deleted
AML1	6.9962	13.9438	.7471	.9192
AML4	6.6754	12.3112	.8135	.8973
AML7	6.8052	12.1728	.8621	.8801
AML10	6.8193	11.8974	.8492	.8848

Alpha = .9201

MOODY

	Scale Mean if Item Deleted	Scale Variance if Item Deleted	Corrected Item-Total Correlation	Alpha if Item Deleted
AML2	6.4323	9.2033	.5970	.8577
AML5	6.2846	8.3240	.7689	.7923
AML8	5.8843	7.9904	.6731	.8311
AML11	6.1876	7.4208	.7802	.7824

Alpha = .8568

LEARNING DIFFICULTIES

	Scale Mean if Item Deleted	Scale Variance if Item Deleted	Corrected Item-Total Correlation	Alpha if Item Deleted
AML3	8.2720	14.5968	.9065	.9013
AML6	8.0987	16.3812	.6827	.9697
AML9	8.1270	14.1646	.9235	.8949
AML12	8.3322	14.0548	.9064	.9004

Alpha = .9376

TEACHER-CHILD RATING SCALE (T-CRS)

Please rate how much you agree each item describes the child using the strongly disagree (1) to strongly agree (5) scale:

1. A self-starter
2. Disturbs others while they are working
3. Participates in class discussions
4. Lacks social skills with peers
5. Has difficulty following directions
6. Accepts imposed limits
7. Withdrawn
8. Makes friends easily
9. Functions well even with distractions
10. Overly aggressive to peers (fights)
11. Defends own views under group pressure
12. Other children shun or avoid this child
13. Underachieving (not working to ability)
14. Tolerates frustration
15. Anxious, worried
16. Classmates like to seat near this child
17. Works well without adult support
18. Defiant, obstinate, stubborn
19. Expresses ideas willingly
20. Has trouble interacting with peers
21. Poorly motivated to achieve
22. Copes well with failure
23. Nervous, frightened, tense
24. Has many friends
25. Completes school work
26. Disruptive in class
27. Comfortable as a leader
28. Other children dislike this child
29. Has poor concentration, limited attention span
30. Accepts things not going his/her way
31. Does not express feelings
32. Well liked by classmates

T-CRS FACTOR ANALYSIS RESULTS

Rotated Component Matrix [a]

	Component			
	1	2	3	4
TCRS1	-.223	.645	.428	.125
TCRS2	.406	-.499	.343	-.059
TCRS3	-.194	.344	.646	-.033
TCRS4	.543	-.212	-.256	-.074
TCRS5	.286	-.693	.016	-.022
TCRS6	-.449	.358	-.316	.210
TCRS7	.124	.056	-.611	-.263
TCRS8	-.611	.051	.467	.144
TCRS9	-.220	.787	.049	.049
TCRS10	.554	-.279	.343	-.121
TCRS11	.101	.141	.735	-.021
TCRS12	.750	-.207	-.108	-.099
TCRS13	.114	-.653	-.179	-.076
TCRS14	-.363	.212	-.222	.600
TCRS15	.045	.011	-.235	-.700
TCRS16	-.794	.249	.103	.100
TCRS17	-.163	.721	.195	.142
TCRS18	.533	-.283	.314	-.177
TCRS19	-.140	.225	.714	-.053
TCRS20	.681	-.178	-.171	-.176
TCRS21	.210	-.732	-.272	-.073
TCRS22	-.284	.115	-.208	.672
TCRS23	.051	.000	-.427	-.605
TCRS24	-.746	.107	.391	.083
TCRS25	-.184	.729	.249	.018
TCRS26	.468	-.557	.375	-.056
TCRS27	-.068	.276	.746	.030
TCRS28	.751	-.155	.051	-.127
TCRS29	.115	-.757	-.096	.022
TCRS30	-.393	.175	-.356	.526
TCRS31	.076	-.101	-.616	.077
TCRS32	-.811	.229	.143	.087

Extraction Method: Principal Component Analysis.
Rotation Method: Varimax with Kaiser Normalization.

a. Rotation converged in 7 iterations.

R E L I A B I L I T Y A N A L Y S I S - S C A L E (A L P H A)

Task Orientation Positive Items

Item-total Statistics

	Scale Mean if Item Deleted	Scale Variance if Item Deleted	Corrected Item-Total Correlation	Alpha if Item Deleted
TCRS1	7.6338	10.4759	.6594	.8016
TCRS9	8.0230	11.3843	.6436	.8093
TCRS17	7.7373	10.1973	.6930	.7865
TCRS25	7.1773	10.0310	.6951	.7857

Reliability Coefficients

N of Cases = 609.0 N of Items = 4

Alpha = .8390

Task Orientation Negative Items (Learning Difficulties)

Item-total Statistics

	Scale Mean if Item Deleted	Scale Variance if Item Deleted	Corrected Item-Total Correlation	Alpha if Item Deleted
TCRS5	9.7644	10.7480	.5444	.7801
TCRS13	9.9423	10.2062	.6021	.7531
TCRS21	10.1466	9.7095	.6889	.7102
TCRS29	9.7100	9.8267	.6130	.7482

Reliability Coefficients

N of Cases = 607.0 N of Items = 4

Alpha = .7990

R E L I A B I L I T Y A N A L Y S I S - S C A L E (A L P H A)

Behavior Control Positive Items (Frustration Tolerance)

Item-total Statistics

	Scale Mean if Item Deleted	Scale Variance if Item Deleted	Corrected Item-Total Correlation	Alpha if Item Deleted
TCRS6	8.1207	7.6129	.5024	.7860
TCRS14	8.5140	7.5151	.6360	.7165
TCRS22	8.4760	7.6439	.6038	.7320
TCRS30	8.4496	7.1187	.6514	.7064

Reliability Coefficients

N of Cases = 605.0 N of Items = 4

Alpha = .7878

Behavior Control Negative Items (Acting Out)

Item-total Statistics

	Scale Mean if Item Deleted	Scale Variance if Item Deleted	Corrected Item-Total Correlation	Alpha if Item Deleted
TCRS2	8.1301	11.2388	.6093	.7713
TCRS10	8.9868	11.7094	.6026	.7743
TCRS18	8.6343	11.3809	.5822	.7843
TCRS26	8.3756	10.3636	.7221	.7154

Reliability Coefficients

N of Cases = 607.0 N of Items = 4

Alpha = .8106

R E L I A B I L I T Y A N A L Y S I S - S C A L E (A L P H A)

Assertiveness Positive Items (Assertive Social Skills)

Item-total Statistics

	Scale Mean if Item Deleted	Scale Variance if Item Deleted	Corrected Item-Total Correlation	Alpha if Item Deleted
TCRS3	8.6804	9.6568	.6564	.7785
TCRS11	9.0231	10.1249	.6014	.8028
TCRS19	8.6936	9.4076	.7117	.7534
TCRS27	9.2669	9.4171	.6392	.7872

Reliability Coefficients

N of Cases = 607.0 N of Items = 4

Alpha = .8261

Assertiveness Negative Items (Shyness-Anxiety)

Item-total Statistics

	Scale Mean if Item Deleted	Scale Variance if Item Deleted	Corrected Item-Total Correlation	Alpha if Item Deleted
TCRS7	7.8664	6.2162	.4259	.5501
TCRS15	7.5492	6.5423	.4428	.5393
TCRS23	7.8047	6.3514	.4969	.5020
TCRS31	7.5910	6.9545	.2924	.6474

Reliability Coefficients

N of Cases = 599.0 N of Items = 4

Alpha = .6308

R E L I A B I L I T Y A N A L Y S I S - S C A L E (A L P H A)

Peer Social Positive Items

Item-total Statistics

	Scale Mean if Item Deleted	Scale Variance if Item Deleted	Corrected Item-Total Correlation	Alpha if Item Deleted
TCRS8	9.7929	7.2177	.6416	.8835
TCRS16	9.8212	6.5620	.7421	.8463
TCRS24	9.8336	6.4084	.7911	.8263
TCRS32	9.5628	6.7855	.7963	.8267

Reliability Coefficients

N of Cases = 565.0 N of Items = 4

Alpha = .8803

Peer Social Negative Items

Item-total Statistics

	Scale Mean if Item Deleted	Scale Variance if Item Deleted	Corrected Item-Total Correlation	Alpha if Item Deleted
TCRS4	7.4901	7.4602	.5184	.7651
TCRS12	8.2475	7.1353	.6598	.6921
TCRS20	7.6287	7.0570	.6217	.7104
TCRS28	8.1980	7.6037	.5553	.7445

Reliability Coefficients

N of Cases = 606.0 N of Items = 4

Alpha = .7818

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